Veronica Wolf Counseling, LLC
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Consent for Treatment

I acknowledge and agree to treatment from Veronica Wolf, PLMHP at Veronica Wolf Counseling, LLC. I chose my provider and have been given an opportunity to discuss my treatment options including referrals to a different practitioner.

I voluntarily provided personal data in and understand the material contained within of the following forms: Client Information, Privacy Practices, Release(s) of Information, and Rights and Responsibilities. I understand the limitations to confidentiality, disclosures related to my protected health information (PHI), and my protections under HIPPA.

I understand evaluation and treatment will be administrated to address my mental health. I understand mental health therapy is not an exact science and cannot be guaranteed. I am aware of studies documenting the benefits of mental health therapy including an improved quality of life, a greater awareness of strengths and weaknesses, a reduction in symptoms related to a mental health diagnosis, and an improved overall health status.

I take full responsibility for the financial obligations of my mental health services not covered by insurance. I understand charges for services not covered by insurance include deductibles, co-payments/co-insurance, late cancellations, no-shows, and request for records.

I understand that at any time I have the right to stop therapy and revoke my consent for services by providing a written, signed, and dated statement to Veronica Wolf, PLMHP and Veronica Wolf Counseling, LLC.

I understand that at any time during my treatment, Veronica Wolf, PLMHP and Veronica Wolf Counseling, LLC may make appropriate referrals to different, similar, or higher levels of care to best serve my mental health.

I have read and understand this form and all forms mentioned above. I have been given the right to ask questions about the forms and the treatment I will receive. I also understand that I have the right to ask questions about the treatment received, services provided, the forms I have signed.

I consent to participate in counseling services provided by Veronica Wolf, PLMHP at Veronica Wolf Counseling, LLC.

_____	_____
Printed Client Name	Printed Guardian Name
_____	_____
Signature Date	Signature Date